

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 227
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ of Village _____
City Del Rio No. Let's General Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Robert Samuel Rye } If child is not yet named, make supplemental report, as directed.
Sex of Child Male }
To be answered ONLY in event of plural births. }
3. Twin, triplet or other born 6. Legitimate? yes 7. Date of birth April 30-1930
5. No., in order of birth 1 Month Day Year

8. FATHER

Full name George H. Rye
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Fla.

10. Color or race

White 11. Age at last birthday 34 (Years)

12. Birthplace (city or place)

(State or country) Ely Minn.

13. Occupation

Nature of Industry Principal High School

14. MOTHER

Full maiden name Mayme M. Nesting
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Fla.

16. Color or race

Wh 17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

(State or country) Fargo N. Dakota

19. Occupation

Nature of Industry H. W.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles E. Brown
(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

995-430-657
Registrar.

Address

Filed 5/12 1930 G.E. Wightman
Registrar.